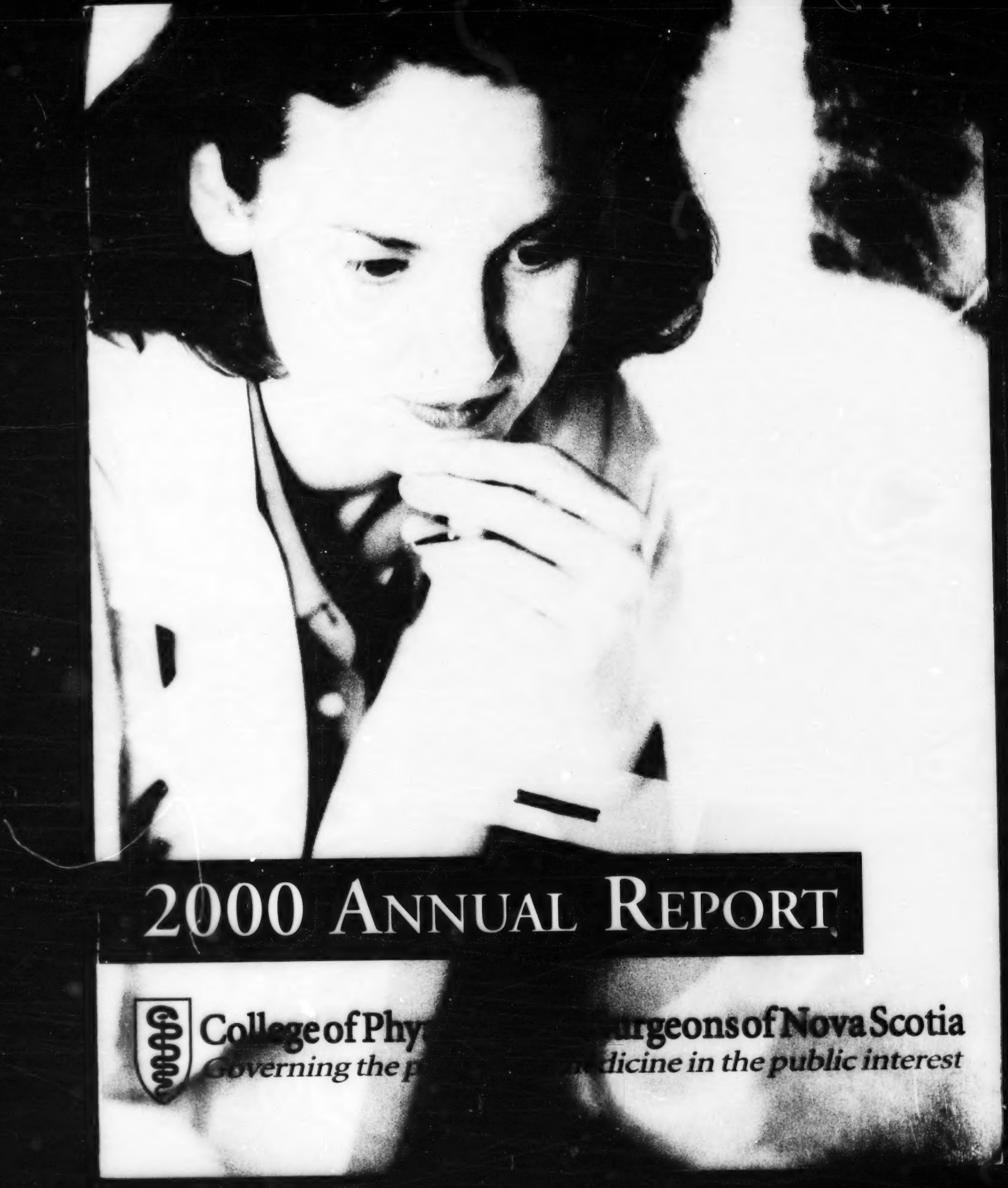

2000 Annual Report

College of Phy urgeons of Nova Scotia

Governing the p dicine in the public interest

Contact Information

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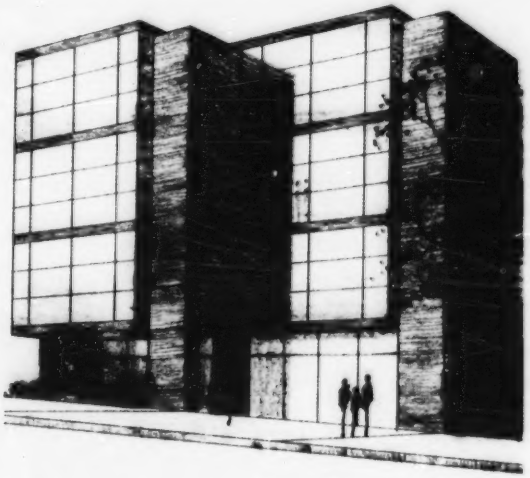

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This document is also available online at http://www.cpsns.ns.ca/2000annualreport.htm

Letter from the President

"Governing the Practice of Medicine in the Public Interest" is the mandate of the College of Physicians and Surgeons of Nova Scotia. When I was elected to Council, I felt very strongly that the College should not only play an active role in the health care of Nova Scotians but that it should also do everything possible to assist physicians with their practices in these difficult times.

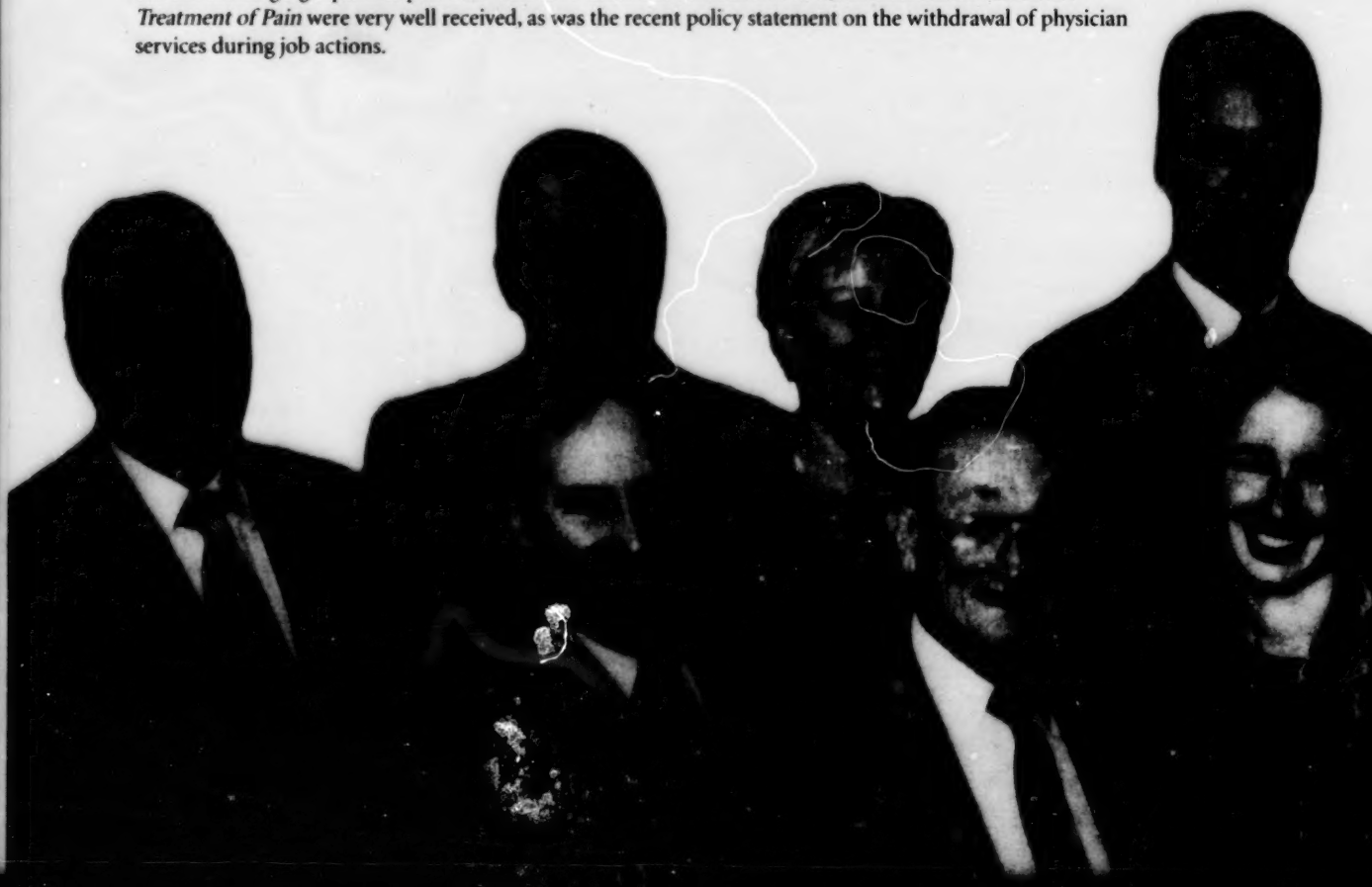
In this regard, manpower will continue to be a major issue. The Dean of Medicine at Dalhousie University has recently announced that there will be no increase in medical school enrollment for at least the next two years, placing Nova Scotia at odds for the most part with most other medical schools in Canada. To add to this, there have been difficulties in filling general practice training slots at the university.

These are gloomy financial times. As I write this, the Canadian dollar is close to an all-time low, and the stock market seems to be beyond the control of Mr. Dodge and Mr. Greenspan. All of this has had a direct effect upon the physician resource situation, and the temptation to emigrate always has remained a viable option for those eligible.

One of the College's most difficult roles involves the credentialling of foreign-trained medical graduates. The College undertakes various methods of assessment, including examinations and clinical assessment programs that have been developed specifically to assess foreign-trained graduates wishing to enter family practice.

It is generally less easy to assess foreign medical specialist graduates. There is often a need to precisely identify the skills and deficiencies of such individuals. The Royal College and the Medical Council of Canada have developed examinations to assist in this, but there remains a need to more specifically identify the quality of training received by foreign medical specialists and to identify any deficiencies that need to be addressed. The College is endeavoring to develop a program of assessment and a method whereby any needs can be corrected with additional training. This will obviously require cooperation and coordination with funding and educational agencies.

In a further attempt to assist its members, the College continues to develop policies and guidelines to provide assistance with certain challenging aspects of practice. The 1999 *Guidelines for the Use of Controlled Substances in the Treatment of Pain* were very well received, as was the recent policy statement on the withdrawal of physician services during job actions.



The College has also recently released guidelines regarding the practice of telemedicine, office-based conscious sedation, sexual misconduct in the physician patient relationship, and has endorsed a set of guidelines for medical-legal reporting jointly prepared several years ago by the Medical Society and the Barristers' Society.

During the Presidency of Patricia Pearce, the Nova Scotia Physician Achievement Review Program (NSPAR) was approved. As an inaugural step, we have been working to develop a pilot project in cooperation with Dalhousie Medical School. The development of this pilot project continues to evolve, and we expect that it will begin in the fall of 2001. I wish to stress that the program is at a pilot stage - many questions remain to be answered before the possible implementation of a full-fledged program will be considered by Council.

Dr. Cameron Little joined the College as Registrar in 1994. Since then, he has been responsible for guiding the College through difficult years, while reorganizing the internal structure of the College and providing leadership for the development of new College initiatives. Council had high praise for Dr. Little's work following a recent performance review, and I am pleased to report that he has accepted a further five-year contract.

I am of the view that the College has developed into an exemplary organization as a result of all of these efforts, and that it now provides excellent support to the people and physicians of Nova Scotia. I believe great credit must go to the College staff, including Registrar Dr. Cameron Little, Deputy Registrar Dr. Sharon Casson, Director of Administration Pat Petit, and Legal Counsel Anne Tutty.

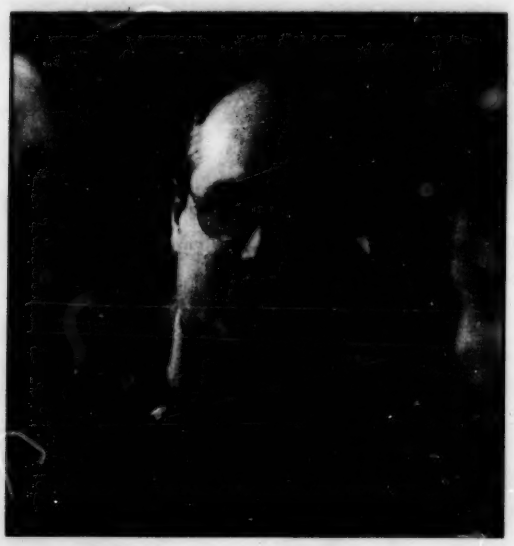
I am grateful to these individuals and others who have assisted in the management and affairs of the College during the past year and who have been of such immeasurable help to me during this past year as President.

Below:
The 2000/2001 Council of the College of Physicians and Surgeons of Nova Scotia. Clockwise from left: Dr. Mahmood Naqvi, Dr. Cameron Little, Ms Gwen Haliburton, Dr. Rodney Wilson, Thomas Regan, Ph.D., Dr. Brian O'Brien, Dr. Al Legere, Dr. Tom Casey, Dr. Sharon Casson, Dr. Patricia Pearce, Ms Dorothy Grant, Dr. Reginald Yabsley (President), Ms Suzanne Rix, Mr. Allan Green, Q.C., and Dr. William Lowe. Missing from photo: Dr. Henry Adamson and Dr. Jaywant Patil.

Respectfully submitted,

Reginald H. Yabsley, M.D., FRCSC
President

Report from the Registrar



Cameron D. Little, MD, LLB, FRCP(C)

Introduction

The privilege of professional self-regulation enjoyed by the medical profession in this province comes with a number of obligations. The most important of these are the requirements that the profession's governance actively account for the public interest, and that the profession scrupulously investigate public complaints against its members. These are two key roles of the College.

As discussed later in this report, recent College research indicates that some physicians do not clearly distinguish between the roles of the College and the Medical Society of Nova Scotia. Simply stated, the Medical Society's role is to advocate on behalf of the profession, and the College's role is to advocate on behalf of the public within the profession. I do not personally believe that these roles need necessarily be in conflict. In cases where disagreements are inevitable, the College's obligation is to advocate for the public interest. When such conflicts emerge, it is important to recognize that the College is governed by a Council consisting of elected and appointed physicians, as well as public members. Council takes pains to ensure that the practical realities of physician's working lives are taken into serious account as it sets the College's policies and strategic direction.

Within the past year, we have all seen news coverage dealing with various challenges to medical self-regulation in other jurisdictions. I believe that the Nova Scotia College's rigorous but fair approach to self-regulation has so far prevented such challenges from emerging here. I am likewise confident that the College activities discussed in the following sections will enable us to maintain over the long term the high degree of public respect we enjoy.

Developments in Licensing

The Specialist Training Authority (STA), in the UK, which awards the Certificate of Completion of Specialist Training (CCST), is legally responsible for safeguarding the standards of specialist postgraduate medical training in the UK. The award of CCSTs replaces a much more fragmented system. Once physicians have successfully completed a defined College or Faculty specialist training program, they apply to the STA to receive a CCST in their specialty. Those taking up consultant posts in the UK are now legally required to have the CCST and be listed on the specialist register maintained by the General Medical Council (GMC). The College requires foreign-trained specialist applicants to be recognized as specialists in order to receive a defined license. In the UK, recognition of specialty status requires the CCST. This change should significantly improve the efficiency with which the College can process applications for defined licenses from UK-trained physicians.

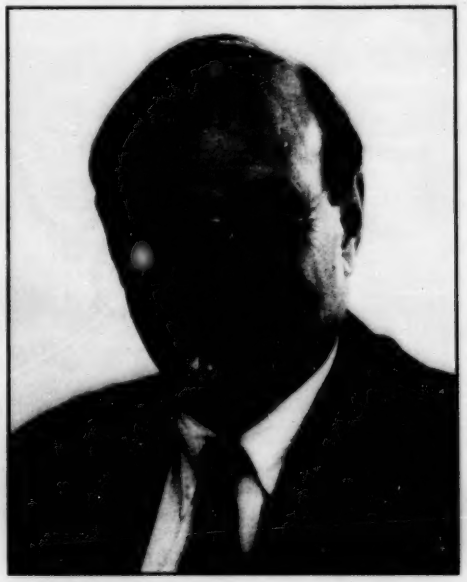
While the College is not mandated to recruit physicians, it does play an important role in assessing the qualifications of license applicants, particularly those of international medical graduates. The College works hard to balance public demands for careful screening of applicants while making it possible for appropriately qualified IMGs to gain licensure in Nova Scotia. To this end, a group of Council delegates recently visited the Clinical Skills Assessment and Training Program (CSAT) program run by Memorial University through facilities in Corner Brook, Newfoundland. While the College group was unable to reach Corner Brook due to poor weather, they managed to meet with program staff by teleconference, and came away with favourable impressions of the program.

The widely praised CSAT program is aimed primarily at enabling many foreign medical school graduates to obtain the necessary training to practice in Newfoundland. In operation since 1998, the program allows physicians not currently eligible for licensure to meet provincial requirements by taking up to six months of supervised training following a needs assessment through CSAT.

The assessment component of the CSAT program is modeled on a similar program at the University of Manitoba that the College already uses. The CSAT program is a welcome option for international medical graduates facing a scarcity of funded postgraduate positions that might ultimately enable them to practice in Newfoundland. Importantly, the CSAT program is not just for international medical graduates but also for physicians who have been out of practice and who must upgrade their skills. The College would like to utilize part of the CSAT program in the coming years if arrangements can be made to provide a period of training in Nova Scotia.

NSPAR Pilot Project

Preparations for the Nova Scotia Physician Achievement Review (NSPAR) pilot project are ongoing. A committee of Council has recently been struck to oversee the pilot program and a part-time pilot program manager has been hired. As mentioned by Dr. Yabsley earlier in this report, the program is at an early, pilot stage. Many questions remain to be answered before the possible implementation of a full-fledged program will be considered by Council. Among other things, a research methodology needs to be validated, various logistical issues have to be addressed, and the cost-effectiveness of the program needs to be assessed. The coming year will see further activity on this front.



Dr. Reginald Yabsley of Halifax served as President for the 2000/2001 term.

Cape Breton Focus Groups

In 1999, the College undertook focus group research among a sample of metro Halifax physicians that suggested several areas in which the College could do a better job of meeting the needs of its members. Many of these recommendations have since been acted upon.

Given that a significant proportion of the College's membership practices outside metro Halifax, the College agreed in late 2000 to proceed with similar qualitative research among a sample of physicians from Cape Breton, which has the largest concentration of physicians in the province outside metro Halifax. The Cape Breton focus group participants were generous with their recommendations and passionate when expressing their concerns about the difficulties facing doctors in the region.

The following are some of the comments and suggestions they made:

- The College should play a greater role in encouraging creative retraining options for physicians, and in lobbying government for more medical school slots. The College was encouraged to do something about what most respondents considere a dire lack of primary care physicians in Cape Breton.

- Some respondents expressed concerns that the College's outlook is overly "Halifax-centric." Specifically, these concerns involved the belief that Cape Breton physicians may face greater resource and structural challenges than their colleagues on the mainland, particularly in Halifax.

- Several respondents pointed to the need for heightened and ongoing communication within the profession about the College's disciplinary process. Several respondents expressed an interest in receiving summaries of key Investigation Committee cases in an anonymous format.

- Some participants felt that the College had not consulted extensively enough when formulating certain guidelines and policies. However, there was a broad recognition of the value of College guidelines and publications in helping physicians maintain quality practices. One respondent reported using College publications as guides or templates for departmental policies. Respondents also noted that College information might be useful in helping doctors avoid complaints.

One observation from both the Halifax and Cape Breton focus groups is that respondents are not always able to clearly distinguish between the mandates of the College, the Medical Society of Nova Scotia, and the Royal College of Physicians and Surgeons of Canada. In light of this finding, the College obviously needs to better communicate with its members about the meaning and merits of professional self-governance.

In the coming year, the College will, within its resources, do its best to address concerns raised by focus group participants, and will continue to conduct periodic member focus groups, particularly in areas outside Metro Halifax.

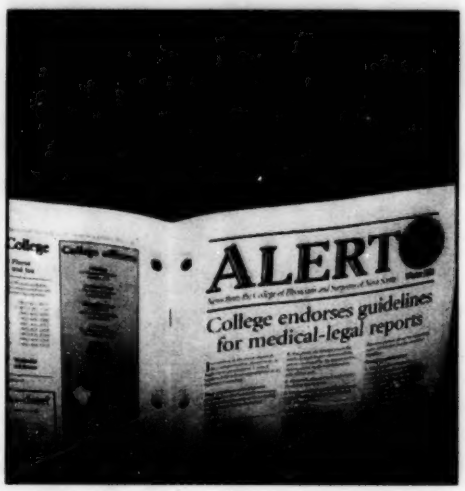
(continued on next page)

Publications and Guidelines

Since my last report, the College has produced and/or re-issued a number of publications and guidelines in response to requests from within the profession.

In response to requests from physicians for guidelines dealing with non-hospital-based procedures requiring conscious sedation, Council recently approved a document entitled *General Guidelines for Office Procedures where Conscious Sedation is Required.* Changes in health care delivery are increasing the number of office-based procedures requiring conscious sedation. It is anticipated that this template will be used to ensure that office-based procedures requiring conscious sedation are carried out safely.

In December 2000, the College issued a document entitled *Policy Statement on Withdrawal of Physician Services During Job Actions.* The aim of the policy is to clarify the College's position and expectation in the event that any College members choose to withdraw their services as part of a job action. The policy is very similar to others recently instituted by other Canadian Colleges, and deals specifically with job actions, as opposed to other forms of voluntary leave. The College has no interest in taking sides in any physician job action. By instituting this policy, the College does not intend to be seen as judging or commenting on the position of any organization or individual on any side of a job action.



All College publications are available by contacting the College or by visiting the website at http://www.cpsns.ns.ca.

In response to requests from physicians, hospitals, and representatives of the telemedicine industry, Council approved *Guidelines for the Provision of Telemedicine Services* in February 2001. The College extends its thanks to the College of Physicians and Surgeons of Manitoba for providing information used in producing these guidelines.

A 1995 document of the Provincial Medical Board (predecessor to the College) entitled *Sexual Misconduct in the Physician-Patient Relationship* was re-issued in 2000 with minor revisions to improve clarity and to reflect the changed organizational title.

In February 2001, Council endorsed *Guidelines for Medical-Legal Reports*, a document originally published by the Medical Society of Nova Scotia and the Nova Scotia Barristers' Society.

Bloodborne Pathogens Committee

Health Canada guidelines recommend that health care workers infected with HIV, Hepatitis B or Hepatitis C undergo an evaluation to assess their risk of transmitting a bloodborne pathogen to patients. The guidelines also recommend that expert panels be established in each province to provide this evaluation. The expert group responsible for this activity in Nova Scotia is the Ad hoc Advisory Committee on Bloodborne Pathogens.

Physicians infected with one or more of these pathogens are encouraged to meet with the committee to ensure that they are providing the safest possible care to their patients. Physicians may contact the Committee by self-referral or through their personal physician. Any one of the committee members (noted below) may be personally contacted. Where there are concerns regarding privacy, the nature of the call does not need to be indicated. The physician need only indicate that the call is in relation to a personal matter.

Although the committee has been established by the College, the relationship is at arm's length. The committee ensures the confidentiality of all information it receives, except as required by law or in cases where it learns that a physician is putting patients at risk by ignoring recommendations.

The committee consists of four members: Dr. Donald Langille, a medical expert in community and public health; Dr. Lynn Johnston, an expert in infectious disease and infection control; Mr. Guy MacLean, a former provincial ombudsman; and Dr. Charles Weijer, an expert in medical ethics. This group reviews the information provided by the physician and the physician's medical advisor, and, when necessary, seeks additional information from a physician working in a similar medical practice.

Based on this information, the committee may choose to recommend modifications to the physician's practice.

To aid in its assessment, the committee requests the results of the physician's serological tests, and asks for certain details about the infection, such as its duration, symptoms, and treatment. To better understand the physician's practice, the committee also asks about the physician's clinical activities.

The committee may request a face-to-face interview with physicians to determine whether changes in their work activities are necessary, although in some cases it may be possible to make a recommendation without an interview. The committee makes every attempt to complete its evaluation and decision within four weeks of receiving information from the physician, and promptly forwards its recommendations to the physician for approval.

The Bloodborne Pathogens Committee provides a semi-annual, non-nominal report to the College of Physicians and Surgeons of Nova Scotia that describes the number of physicians reviewed, the type of bloodborne pathogen involved, the specialty of the physician by large grouping (to ensure anonymity), and whether any changes to practice were recommended. The Committee's interviews with physicians are not held on College premises, and the administrative support person supplied to the committee by the College is not involved in the College's credentialling function.

Physicians wishing to meet with the committee are invited to bring personal support and/or legal counsel to the meeting. Prospective attendees are assured that the committee's evaluation is confidential, and are encouraged to contact committee members for anonymous advice regarding the Committee's function and requirements. Committee members can be reached at the following numbers:

Dr. Lynn Johnston (902) 473-8477
Dr. Donald Langille (902) 494-1312
Mr. Guy MacLean (902) 429-9412
Dr. Charles Weijer (902) 494-3801

From the Investigation Committees

Based on information gleaned from the investigations process, the College made a number of recommendations to its members through the *ALERT* newsletter during the past year. These included the following:

- Following an investigation of a complaint involving a pre-adolescent female with torsion of the ovary, physicians were advised to consider ischemia in their differential diagnosis of abdominal pain, in any age group, especially when the pain is severe and out of proportion to the physical findings.

- Following a recent case involving a specialist whose initial consultation with a patient was significantly delayed by a long wait for a CT scan, the College recommended that specialists consider that, in some instances, it may be advisable to conduct their initial consultation before diagnostic images or other test results are available.

- Dementia with Lewy Bodies (DLB) is the second most common form of degenerative dementia, accounting for up to 20% of dementia cases in the elderly. It is characterized by fluctuating cognitive impairment, spontaneous parkinsonism, and recurrent visual hallucinations. As many as 60% of patients with DLB will exhibit adverse and possibly life-threatening reactions to antipsychotic medication. The College advised physicians to be attentive to the possibility of DLB when treating patients with dementia, and to use caution when prescribing neuroleptic medications, including those used for the treatment of nausea, in cases where DLB is suspected. Atypical antispsychotic medications such as Risperidone are thought to be safer than traditional neuroleptics such as Haloperidol. However, physicians were advised to recognize that there have also been cases of severe reactions in DLB patients taking the newer antipsychotic medications.

- When referring patients to the ER for consultation, family practitioners and specialists were encouraged to send a note with the patient that succinctly describes the referring physician's concerns. The College advised that the note be treated as a follow-up to any prior verbal consultations between the referring physician and the on-call physician because the patient may not always be seen by the same consultant physician with whom the case had been initially discussed.

- Thyroid dysfunction can present with mild and/or vague symptoms, even in patients with grossly abnormal thyroid function. The College encouraged physicians to recognize the spectrum of symptoms related to hyper- or hypothyroidism, particularly in cases involving female and/or geriatric patients, and to screen the patients accordingly.

- The College encouraged physicians to ensure that surgical sites are marked prior to surgery, even in cases where the surgical site may not be lateral, such as with abdominal or umbilical hernias.

Administrative Improvements

Internally, the College initiated or continued with a number of quality improvements over the past year. These included the development of a Council member orientation session and package, the introduction of educational presentations by outside agencies to Council, and routine evaluations of Council and committee meetings. We have also begun a wide-ranging staff quality initiative that has led to improvements in the College's telephone service, greater efficiency in its internal processes, and the drafting and refinement of internal policy and procedure guidelines that cover most aspects of our day-to-day operations.

Investigation Statistics

Complaints by Category 1996-2000:

Clinical care	60	55	69	66	74
Communication	21	27	31	36	20
Sexual misconduct	3	5	6	6	3
Narcotics / restricted drugs	10	0	13	1	5
Insurance issues	4	3	11	6	3
Ethical conduct	21	10	3	7	9
Physician substance abuse	2	3	1	1	3
Medical records	7	2	0	1	0
Miscellaneous	2	1	0	0	0

Note:
Due to a change in the accounting and classification system, the 1996 column does not precisely reflect the number of complaints reported in that year.

Complaint Outcomes 1996-2000:

Dismissed	110	48	91	83	83
Counselled	10	8	15	13	17
Cautioned	5	0	5	1	2
Caution / Counsel	9	10	9	14	7
Reprimand with consent	2	1	1	3	2
Referred to hearing	3	1	2	5	1

Note:
The number of complaint outcomes does not equal the number of complaints reported on an annual basis because not all complaints are resolved in the calendar year in which they are received.

Hearing Committee Decisions

Section 81 (1) of the *Medical Act* requires the College to publish Hearing Committee decisions or decision summaries in the Annual Report. Hearing Committee decisions are public documents that are available upon request from the College. The following three summaries describe the Hearing Committee decisions issued since the 1999 Annual Report.

Dr. John Wesley MacDonald

On April 4, 2000, the College released a Settlement Agreement and Hearing Committee decision in the case of Dr. John Wesley MacDonald, a Halifax psychiatrist. Dr. MacDonald admitted that he had engaged in sexual activity with a female patient as alleged in the Notice of Hearing and that he was guilty of professional misconduct. The conduct took place on a number of occasions during the period when he was seeing the patient for psychotherapy. Further details are contained in the Hearing decision that is available on request from the College.

After receiving the complaint in December 1999, Dr. Macdonald approached the College and indicated that he wished to resign from the practice of medicine. He agreed that his license to practice would be revoked on June 30, 2000. He agreed to complete the transfer of all his female patients to other physicians by April 30, 2000, and the transfer of all his male patients by June 30, 2000. Dr. MacDonald also agreed to pay $2,500 toward the College's costs.

Dr. William Hunter Blair

On June 28, 2000, the College issued a Hearing decision in the case of Dr. Hunter Blair, a general practitioner in Barrington Passage, Nova Scotia. In the decision, the Hearing Committee approved a Settlement Agreement that had been signed by Dr. Blair, in which he admitted to a statement of facts, agreed that he was guilty of professional misconduct, and agreed to a one-year license suspension, commencing July 8, 2000.

The charges admitted by Dr. Blair involved sexual activity in 1999 with a female patient to whom he had provided psychotherapy. Dr. Blair agreed that after beginning his treatment of the patient in 1996, he became aware that she had a three-year history of serious psychiatric illness. He also agreed that he was aware that the patient had a history of transference issues and knew that the patient's previous physician had terminated his physician /patient relationship with the patient due to her romantic delusions and obsessional thinking about him. Further details are contained in the Hearing decision available on request from the College.

As a condition of his license reinstatement, Dr. Blair agreed to undergo and comply with the recommendations of an independent psychiatric assessment. He also agreed not to practice psychotherapy in future, regardless of the findings of the assessment, and agreed to pay $4,000 to cover a portion of the College's costs.

Dr. William Michael Christie

On January 25, 2001, a Hearing Committee found Dr. William Michael Christie, a Sheet Harbour family practitioner, guilty of professional misconduct and ordered that his medical license be revoked.

Dr. Christie had previously agreed not to practice medicine while his case was under review by the College. Dr. Christie did not attend the Hearing or offer any defence, but was represented by legal counsel who was present at the Hearing.

The charges against Dr. Christie involved allegations of sexual misconduct with three minor males. In its written decision released on April 25, 2001, the Committee found against Dr. Christie with regard to allegations of masturbating patients, inappropriate examination of genitals, inappropriate collection of semen and urine samples, inappropriate comments about masturbation, and deceptive comments to a patient and his mother regarding the purpose of his actions.

In addition to revoking Dr. Christie's medical license, the Committee ordered that he pay $75,000 to cover a portion of the costs incurred by the College in preparing for the Hearing. Further details are contained in the Hearing decision available on request from the College.

Auditor's Report

To The Members of the College of Physicians and Surgeons of Nova Scotia

We have audited the financial statements of the College of Physicians and Surgeons of Nova Scotia as at December 31, 2000 in accordance with generally accepted auditing standards and expressed an unqualified opinion on these financial statements in our report dated February 2, 2001.

In our opinion, the information contained in the attached condensed statement of operations and changes in net assets is consistent with the above mentioned financial statements from which it was derived.

To obtain a better understanding of the organization's financial position and the results of its operations for the year ended December 31, 2000, this condensed financial statement should be read in light of the audited financial statements.

White Burgess Langille Inman Chartered Accountants
Bedford, Nova Scotia, February 2, 2001

Notes to the Financial Statements

For the year ended December 31, 2000

1. **PURPOSE OF ORGANIZATION**

The College of Physicians and Surgeons of Nova Scotia is a not-for-profit organization that serves as a licensing and regulatory body for the medical profession within the province of Nova Scotia.

2. **ACCOUNTING POLICIES**

Capital Assets

Capital assets are stated at cost. Depreciation is provided by the diminishing balance method at the following annual rates:

Furniture and equipment.....20% Computer hardware and software.....30%

Equipment under capital lease is being depreciated by the straight-line method over six years, which is approximately the term of the lease.

Investments

Both the short-term and long-term investments are stated at cost.

Deferred Revenue

Physicians are licensed on a calendar year basis. Annual fees billed by the College of Physicians and Surgeons of Nova Scotia before December 31 and related to the subsequent year are recorded as deferred revenue.

Hearing Recoveries

Recoveries of hearing expenses are recorded when received.

Funds

Effective 1996, the College of Physicians and Surgeons of Nova Scotia began following a policy of appropriating surplus for future commitments. Surplus is now allocated based on expected future use as follows:
(i) Operating Fund - available for future general use of the organization;
(ii) Reserve Fund - funds which the council has internally restricted for the purpose of covering expenditures in excess of the organization's operating budget.

Deferred Lease Inducements

Lease inducements are being amortized by the straight-line method over the term of the lease.

3. **AUDITED FINANCIAL STATEMENTS**

The full set of audited financial statements can be obtained by writing to the College of Physicians and Surgeons of Nova Scotia at Suite 200, 1559 Brunswick St., Halifax, Nova Scotia.

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Statement of Operations and Changes in Net Assets

College of Physicians and Surgeons of Nova Scotia for the year ended December 31, 2000

	2000 Budget	2000 Actual	1999 Actual
Revenue			
Annual licensing fees	1,409,250	1,424,379	1,395,978
Registration fees	38,000	53,215	29,435
Temporary fees	34,500	36,427	25,165
Specialists fees	15,000	14,200	9,900
Certificates of good standing	19,000	15,289	16,826
Physician incorporation	64,900	52,400	47,900
Other income	22,600	12,251	12,207
Investment income	40,000	29,644	38,533
	1,643,250	1,637,805	1,575,944
Expenses			
Council	239,710	251,235	215,567
Registrar's Office	53,522	55,983	38,240
Complaints	296,000	237,907	200,801
Administration	970,850	1,024,562	999,409
Occupancy	125,650	113,577	119,118
Communications	118,460	115,600	115,144
	1,804,192	1,798,864	1,688,279
Deficiency of Revenue over Expenses	(160,942)	(161,059)	(112,335)
Operating fund - beginning of year		121,097	233,432
		(39,962)	121,097
Transfer from reserve fund		45,000	-
Operating fund - end of year		5,038	121,097
Reserve Fund			
Balance - beginning of year		1,105,378	1,024,056
Investment income (loss)		(118,440)	81,322
		986,938	1,105,378
Transfer to operating fund		(45,000)	-
Balance - end of year		941,938	1,105,378

Statement of Operations and Changes in Net Assets

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Transfer to operating fund		(45,000)	
Balance - end of year		941,938	1,105,378

Council Members 2000/2001

President
Dr. Reginald Yabsley, Halifax, NS

Past-President
Dr. Patricia Pearce, Halifax, NS

President-Elect
Dr. William Lowe, Kentville, NS

Elected Members
Dr. Henry Adamson, New Glasgow, NS
Dr. Michael Casey, Halifax, NS
Dr. Al Legere, Yarmouth, NS
Dr. William Lowe, Kentville, NS
Dr. Mahmood Naqvi, Sydney, NS
Dr. Jaywant Patil, Halifax, NS
Dr. Rodney Wilson, Halifax, NS
Dr. Reginald Yabsley, Halifax, NS

Appointed Members
Dalhousie University:
Dr. Brian O'Brien

Medical Society of Nova Scotia:
Dr. Patricia Pearce

Governor-in-Council:
Ms Dorothy Grant, Hammonds Plains, NS
Mr. Allan Green, Q.C., Halifax, NS
Ms Gwen Haliburton, Dartmouth, NS
Thomas Regan, Ph.D., Canning, NS
Ms Suzanne Rix, Halifax, NS

Staff Support to Council
Dr. Cameron Little
Dr. Sharon Casson
Ms Anne Tutty
Ms Pat Pettit
Mr. Bruce Thorne
Ms Carolyn MacDonald

Physician Resource Statistics

	2000
A. Type of Registration	
Full Register	1,865
Defined Register	85
Temporary Register	12
Total	1,962
B. Specialist / Non-specialist	
Specialists	973
Non-Specialists	989
C. Location (by county)	
Annapolis	18
Antigonish	49
Cape Breton	196
Colchester	72
Cumberland	41
Digby	14
Guysborough	6
Halifax	1158
Hants	46
Inverness	14
Kings	112
Lunenburg	80
Pictou	61
Queens	13
Richmond	13
Shelburne	10
Victoria	10
Yarmouth	49
D. Place of Graduation	
Dalhousie University	992
Other Canadian	444
U.S.A.	22
All Others	504

Council Members 2000/2001

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Dr. Rodney Wilson, Halifax, NS
Dr. Reginald Yabsley, Halifax, NS

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Ms Pat Pettit
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Ms Carolyn MacDonald

Physician Resource Statistics *(As at December 31)*

A. Type of Registration	
Full Register	
Defined Register	
Temporary Register	
Total	
B. Specialist / Non-specialist	
Specialists	
Non-Specialists	
C. Location (by county)	
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Antigonish	
Cape Breton	
Colchester	
Cumberland	
Digby	
Guysborough	
Halifax	
Hants	
Inverness	
Kings	
Lunenburg	
Pictou	
Queens	
Richmond	
Shelburne	
Victoria	
Yarmouth	
D. Place of Graduation	
Dalhousie University	
Other Canadian	
U.S.A.	
All Others	

Standing Committees 2000/2001

President: Dr. Reginald Yabsley
President-Elect: Dr. William Lowe
Past-President: Dr. Patricia Pearce
Registrar/Secretary/Treasurer: Dr. Cameron D. Little
Deputy Registrar: Dr. Sharon Casson

Executive Committee
Dr. Reginald H. Yabsley (Chair)
Dr. Henry Adamson
Dr. William Lowe
Dr. Mahmood Naqvi
Dr. Patricia Pearce
Ms Suzanne Rix (Public Member)

Finance Committee
Dr. George Legere (Chair)
Ms Dorothy Grant (Public Member)
Dr. William Lowe
Dr. Brian O'Brien
Dr. Reginald Yabsley

Legislation and Policy
Dr. Henry Adamson
Dr. Jaywant Patil
Ms Suzanne Rix (Public Member)
Dr. Rodney Wilson
Dr. Reginald Yabsley

Credentials Committee
Dr. Rodney Wilson (Chair)
Ms Gwen Haliburton (Public Member)
Dr. William Lowe
Dr. Brian O'Brien
Dr. Jaywant Patil
Dr. Reginald Yabsley

Education
Dr. Brian O'Brien (Chair)
Dr. Michael Casey
Ms Gwen Haliburton (Public Member)
Dr. Reginald Yabsley

Communications Committee
Dr. Henry Adamson (Chair)
Ms Dorothy Grant (Public Member)
Dr. Donald Langille
Dr. Reginald Yabsley

Investigation Committee "A"
Dr. William Lowe (Chair)
Dr. Allen Bishop
Mr. Allan Green, Q.C. (Public Member)
Dr. Dianne MacDonald
Dr. Heather Robertson

Investigation Committee "B"
Dr. Patricia Pearce (Chair)
Dr. Henry Adamson
Dr. Joyce Curtis
Dr. Albert Doucet
Thomas Regan, Ph.D. (Public Member)

Nominating Committee
Dr. Mahmood Naqvi (Chair)
Ms Dorothy Grant (Public Member)
Dr. William Lowe
Dr. Reginald Yabsley

Representatives to the
Medical Council of Canada
Dr. Cameron Little
Dr. S. Clair MacLeod

Representatives to the
Prescription Monitoring Program
Dr. Reginald Yabsley
Dr. Sharon Casson

Representatives to the
CPSNS/RNANS Scope of Practice Committee
Dr. Rodney Wilson
Dr. Sharon Casson

Liaison Committee with the Nova Scotia Department of Health
Dr. Reginald Yabsley (President)
Dr. William Lowe
Dr. Cameron Little
Dr. Sharon Casson

Atlantic Provinces Medical Peer Review
Registrar or designate

Solicitor
Ms Anne Tutty